

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Americas PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00559906	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 15 / 2016</div> </div>	

Full Name of Payee <b>Alpha Media Salina</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2016	
Mailing Address 131 N. Santa Fe 3rd Floor		Amount 10530.00	
City Salina	State KS	Zip Code 67401	Transaction ID : SE.4592
Purpose of Expenditure Media Purchase	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2016	
Name of Federal Candidate HUELSKAMP, TIMOTHY A REPRESENTA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>KBUF</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2016	
Mailing Address 1402 E. Kansas Ave.		Amount 3120.00	
City Garden City	State KS	Zip Code 67846	Transaction ID : SE.4593
Purpose of Expenditure Media Purchase	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2016	
Name of Federal Candidate HUELSKAMP, TIMOTHY A REPRESENTA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13650.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Donelson, Tom, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 10 / 30 / 2016

Signature